

Members

Rep. Susan Crosby, Chairperson
Rep. Gloria Goeglein
Sen. Steven Johnson
Sen. Cleo Washington
Robert Bonner
David Giles
Galen Goode
John Huber
Gloria Kardee
Jerri Lerch
Amelia Cook Lurvey
Janet Marich
Stephen Spindler
Judith Tilton



INDIANA COMMISSION ON MENTAL HEALTH

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Authority: P.L. 37-1998

MEETING MINUTES¹

Meeting Date: July 13, 2000
Meeting Time: 9:30 A.M.
Meeting Place: State House, 200 W. Washington
St., Room 233
Meeting City: Indianapolis, Indiana
Meeting Number: 1

Members Present: Rep. Susan Crosby, Chairperson; Sen. Steven Johnson; Sen. Cleo Washington; Robert Bonner; David Giles; Galen Goode; John Huber; Gloria Kardee; Amelia Cook Lurvey.

Members Absent: Rep. Gloria Goeglein; Jerri Lerch; Janet Marich; Stephen Spindler; Judith Tilton.

Representative Crosby (Chairperson) called the meeting to order at 9:45 a.m. After an introduction of the members of the Indiana Commission on Mental Health (Commission), the Chairperson called the first witness.

¹ Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

Venita Moore, Deputy Secretary, Office of Family and Social Services

Ms. Moore stated that Governor Frank O'Bannon created the Governor's Council on State-Operated Care Facilities (Council) by executive order in September 1999. The Council's goal is to review and evaluate state-operated care facilities and develop a plan for a future system of care for individuals with mental illness, developmental disabilities and other health and educational needs. The Council has prepared two interim reports as of July 2000. Ms. Moore distributed to the Commission members the Council's interim report dated June 30, 2000². The Council believes that state-operated facilities should operate as a safety net and is looking at the concept of a regionalized system of care. A regional system would allow individuals to receive services close to their community, which would allow an easier transition back to their homes. The report also contains the Council's preliminary recommendations concerning waiting lists, quality assurance, and personal treatment plans. Future areas of study by the Council will include the creation of specialized units (e.g. for the dually diagnosed), and ways to maximize federal funding. The Council will submit its final report to the Governor by November 30, 2000.

In response to questions from the Commission, Ms. Moore stated the Council is aware of the waiting list problems that cause both individuals who need to be placed in state-operated facilities and individuals who need to be transferred out of state-operated facilities to have to wait for appropriate placements to become available. Ms. Moore stated that she hoped the problem would be reduced once more community supports are in place.

Janet Corson, Director, Division of Mental Health

Ms. Corson reviewed expenditures of the newly appropriated mental health funds. For the year 2000 an extra \$3 million was appropriated for seriously mentally ill adults and \$1 million for addictions. For the year 2001 an extra \$6 million was appropriated for seriously mentally ill adults and \$1 million for addictions. Additional money was not appropriated for mentally ill children because of the negotiations regarding the CHIP program. The extra money that was received has been placed in existing pools of money that already serve those needs. The Division of Mental Health (DMH) is looking at discharge plans, discharge times, and the recidivism rate of discharged patients. The objective is to reduce the length of stay of the patient, thus opening the use of the bed by other patients. DMH is focusing on existing patients who have been in a state-operated facility for more than three years. DMH is also engaged in discussions with community mental health centers to see what is needed to serve individuals who have been in state-operated facilities for a long period of time. Money that is not used to help move patients out of state-operated facilities will be used to treat seriously mentally ill adults. There have been discussions on the use of regional centers to keep patients close to their communities. Though regional centers may work for most patients, some will have to be placed in new communities where they can make a new start. DMH is looking at how to move people back into the community with renewed emphasis because of the U.S. Supreme Court's decision in Olmstead.

In response to questions by the Commission, Ms. Corson stated that the money for seriously mentally ill adults will be allocated by February 1, but DMH is not worried that any of the money will be reverted.

² Exhibit # 1.

Wanda K. Mohr, PhD, RN, IUPUI, Indiana Consortium on Mental Health Services Research

Ms. Mohr distributed copies of the executive summary of the Surgeon General's report on mental health³ and her presentation⁴ to Commission members. The report is a description of what is currently happening in mental health more than a proposal for future action. The purpose of the report is to:

- Influence policy and advance the mental health of Americans.
- Identify mental illness as common, serious, and socially significant.
- Frame mental health as a life span issue.
- State that science has advanced our understanding and care.
- Clearly state that mental illness is treatable.
- Move mental health into the mainstream of public health.

Ms. Mohr stated that studies show that an individual's brain is always changing and subject to outside influences (e.g. a child who faces abuse can have physical changes to the brain). Studies indicate that major depression can be as burdensome to an individual as blindness. Research has identified risk factors in childrens' mental health, including genetic, trauma, and familial (e.g. divorce, poverty) factors. However, effective treatments for children have been developed for many mental disorders. The report addresses issues related to older adults and mental health which will become more acute because of future demographic changes. Concerning the organization and financing of mental health services the report concludes that the United States does not have a system, but rather a de facto system (i.e. multiple systems that do not work with each other). The report contains a chapter on the ethical, legal, and policy issues surrounding the confidentiality of mental health information. The report concludes with a brief "vision for the future".

The Chairperson had the following materials distributed to Commission members at the conclusion of the testimony:

- Public Law 37-1998⁵ (concerning the creation and duties of the Commission).
- Legislative Council Resolution 00-2⁶ (concerning operating rules of the Commission).
- HR 75-2000, HCR 88-2000, SR 31-2000, and SCR 68-2000⁷ (concerning topics assigned to the Commission by the Legislative Council).
- Executive summaries of several reports⁸ concerning mental health services for children).
- The report "Staying Together: Preventing Custody Relinquishment for

³ Exhibit #2.

⁴ Exhibit #3.

⁵ Exhibit #4.

⁶ Exhibit #5.

⁷ Exhibit #6.

⁸ Exhibit #7.

Children's Access to Mental Health Services"⁹.

The Commission selected the following dates and locations for future meetings:

- August 1 - Room 233, State House 11:30 a.m. - topic: Commission working lunch
- August 28 - Ft. Wayne Indiana (exact time and location to be determined)
- September 25 - Room 128, State House 9:30 a.m. - topic: civil commitment
- October 16 - Room 233, State House 9:30 a.m. - topic: childrens' mental health
- October 30 - Room 128, State House 9:30 a.m. - topic: funding issues and Commission's report

The Commission meeting was adjourned at 11:05 a.m.

⁹ Exhibit #8.